

Name In Full

Certificate of Death

Reginald Bean

Town

County

Died at

Rockville

Montgomery

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

11

Age

2 hours

Med

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Reginald Bean

Mother's

Maiden Name

Mary Mc Lewis

Cause of

Primary

Chlorform

How long sick

24 hours

Death

Immediate

Hemorrhage

Accident, Suicide, Homicide

Reported by

Edward Anderson, Jr., D.

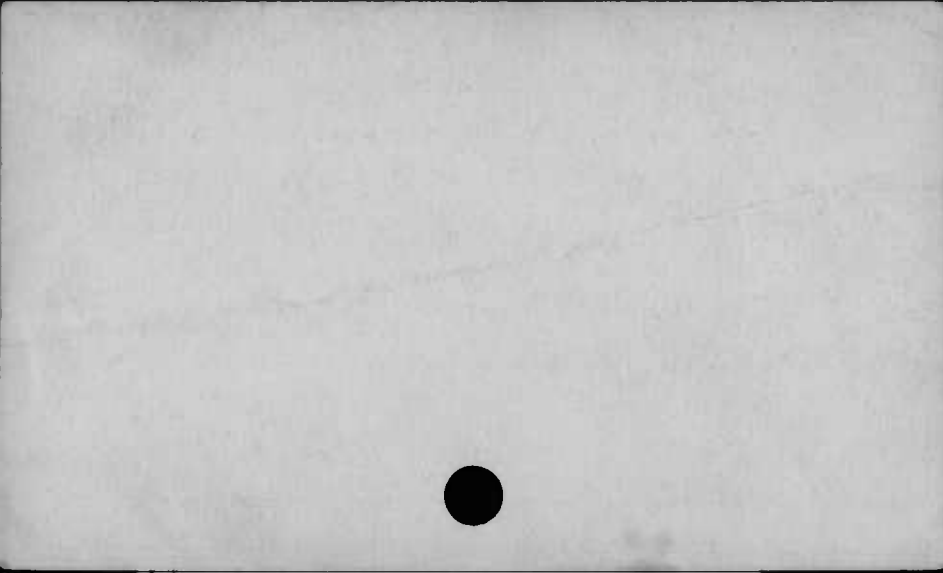
Address

Rockville

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Janett Bowman		Town Cropler		County Montg'		State MARYLAND	
Date of death 190	7	Month 11	Day 17	Age Years	49	Months	Days
Sex	Male		Color or Race	Black		Birth- place	Md.
Married, Single or Widowed	Married			Occupation			Laborer
Name of Wife or Husband Betty Bowman							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			
Betty Bowman				Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's Disease, Chronic		How long	20 years
Immediate	Uraemia		How long	7 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		H. J. Park M.D.		
Accident or Suicide?		Address Potomac Md.		



Name
in
Full

Caroline Praxton

CERTIFICATE OF DEATH

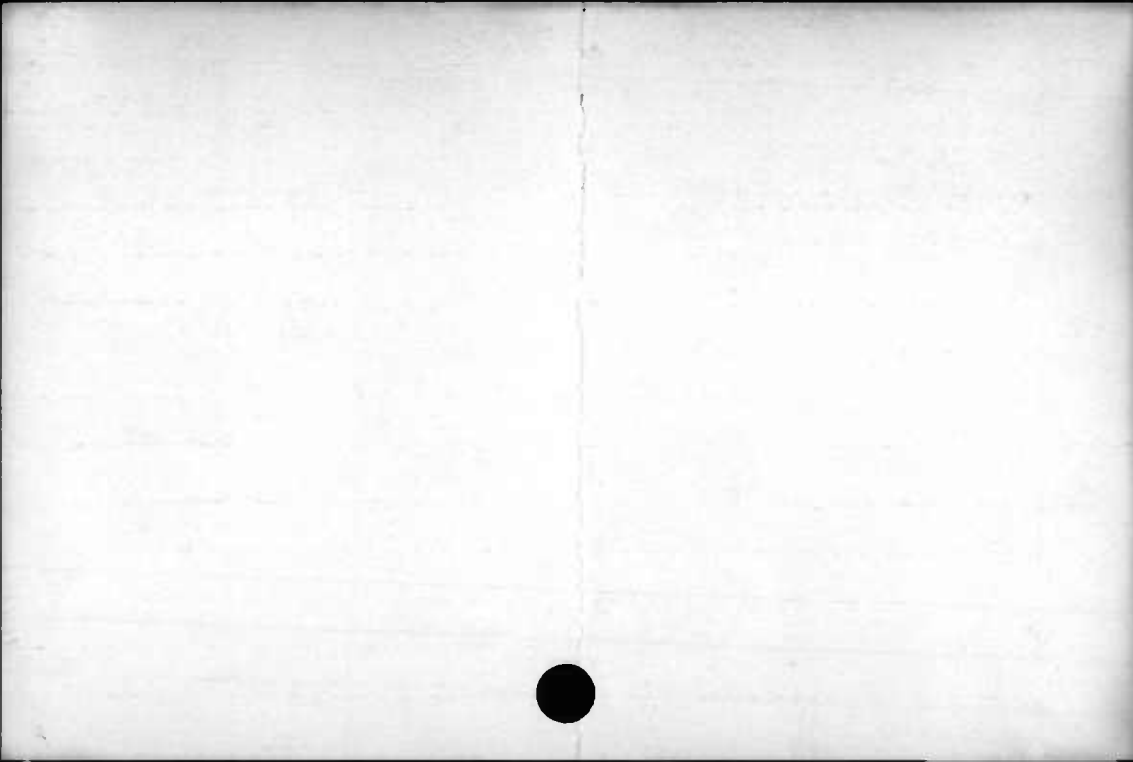
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sligo</i> Town		County <i>Montgomery</i>		MARYLAND		
Date of death 190 <i>2</i>	Month <i>Nov</i>	Day <i>6</i>	Age <i>26</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Md</i>			
Married, Single or Widowed <i>Married</i>			Occupation <i>Housewife</i>			
Name of Wife or Husband						
Father's Name <i>Sam Gardmon</i>			Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Hannah Jackson</i>			Mother's Birthplace <i>"</i>			
Name of person giving information <i>Sam Gardmon</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. S. Brown</i>
	Address <i>Buonk Mills</i>
	<i>X Md</i>
Accident or Suicide?	



Walter H. Brooke

Town

County

Died at

Ashton

Montgomery

MARYLAND

Date 1802 Month 11 Day 6 Age 61 - 13 Native of Maryland Occupation Farmer
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband of Caroline Leggett Brooke
 Wife
 Father's Name Roger Brooke Mother's Name Sallie Pleasant Brooke

Cause of Death { Primary Typhoid Fever How long sick 2 weeks
 { Immediate Heart Failure Accident, Suicide, Homicide

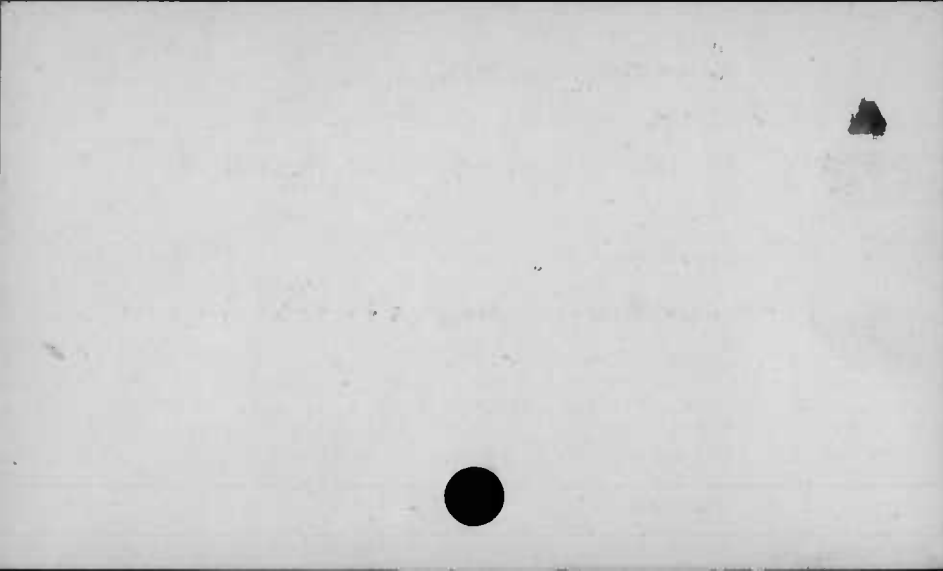
Reported by

Roger Brooke, M.D.

Address

Sandy Spring Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Washington B. Clichester
 Town County MARYLAND
 Died at Olney Montgomer

Date 1902 11. 2 Y. 74 M. 11 D. 22 Native Leesburg Va Occupation Farmer
 Male White Married Widower Divorced
 Female Colored Single Widower Number of children living 5

Husband of Lydia Brown

Father's Name George Madison Clichester Mother's Name Mary Brown

Cause of Death { Primary Chronic Nephritis How long sick 1 year

Death { Immediate Uræmic coma 1020 Accident, Suicide, Homicide

Reported by Roger Burke

Address Sandy Spring Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

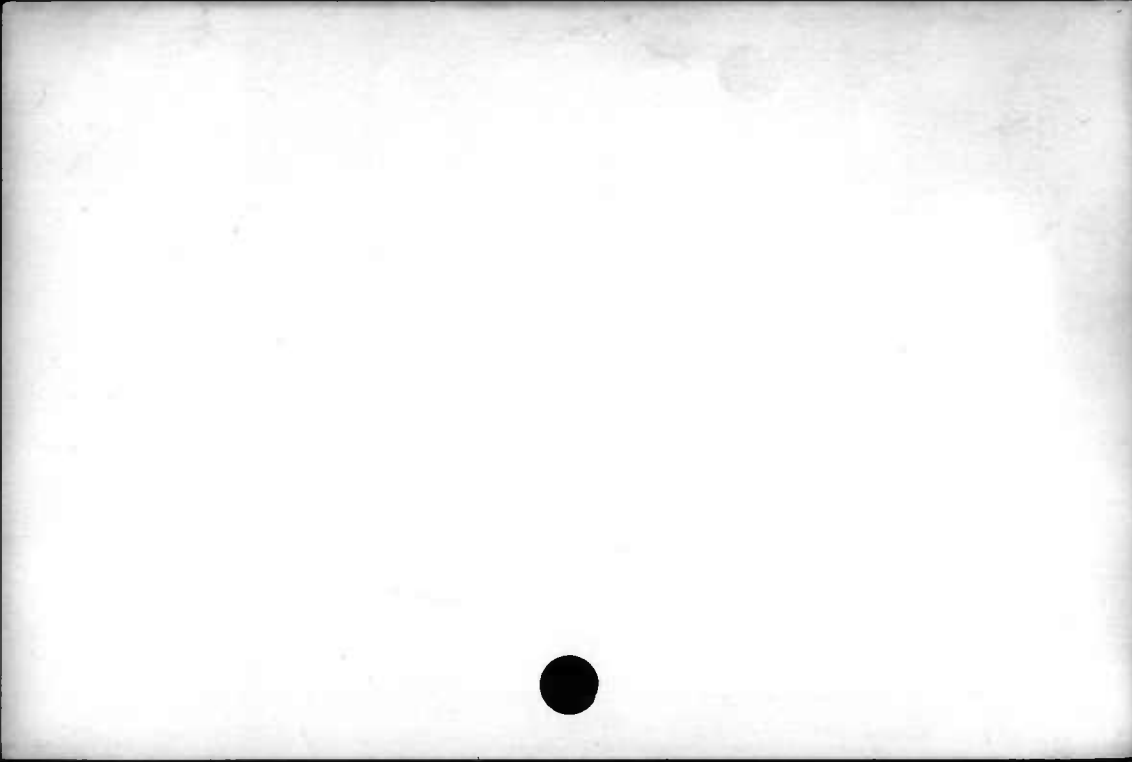
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Damascus</i>		Town		County <i>Montgomery</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>11</i>	Day <i>9</i>	Age <i>67</i>	Years <i>7</i>	Months <i>7</i>	Days <i>7</i>	
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Mont. Co</i>				
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>						
Name of Wife or Husband <i>John Gaither</i>							
Father's Name <i>Dont know</i>				Father's Birthplace <i>?</i>			
Mother's Maiden Name <i>Slave (Dont know)</i>				Mother's Birthplace <i>?</i>			
Name of person giving Information <i>John Gaither</i>				How related to deceased <i>Husband.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Aortic obstruction</i>	How long <i>?</i>
Immediate <i>Dropsy (general)</i>	How long <i>4 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. F. Lunsdale</i>
<i>Yes.</i>	Address <i>Damascus Md</i>
Accident or Suicide? <input type="checkbox"/>	



Edwin Kemp Guy.

Town

County

Died at

Forest Glen

New Jersey

MARYLAND

Date 189

902

11

13

Age

64

11

8

Vermont

Occupation

Retired

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband

of

Don't know

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Paralysis

How long sick

Death

Immediate

Cerebral Hemorrhage

Accident, Suicide, Homicide

Reported by

E. V. Wright M.D.

Address

Forest Glen Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Chas. Harschman

Town

County

Died at

New Rochelle, N.Y.

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

11 28

Age

24

X

X

Fed -

Schooler

Male

~~White~~~~Married~~

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

X

Husband

of

Wife

Father's

Name

Hillery Harschman

Mother's

Maiden Name

Mary Harschman

Cause of

Primary

Pulmonary Tuberculosis 6 mos

How long sick

Death

Immediate

Accident, Suicide, Homicide

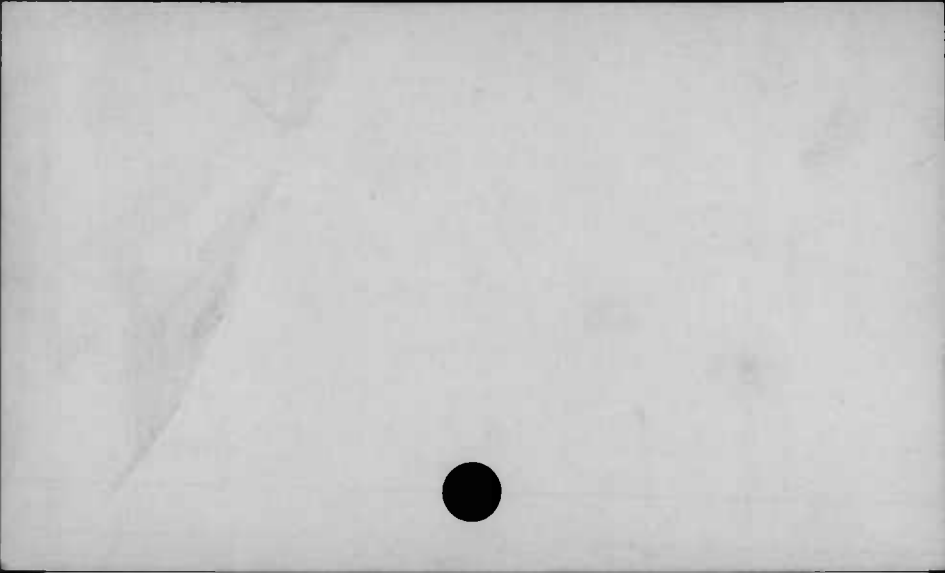
Reported by

A. M. Lin the coroner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Marshall Edward Hoes

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Nov.

11

Age 13

5 29

MD

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Moses Hoes

Mother's

Maiden Name

Harriet Lee

Cause of

Primary

Typhoid fever

How long sick

7 wks

Death

Immediate

Intestinal & pulmonary hemorrhage

Accident, Suicide, Homicide

Reported by

L. F. Wilson

M. D.

Address

Germanatown

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Charles B. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spencerville</i> ^{Town}		<i>Montg.</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	<i>Nov</i> ^{Month}	<i>21</i> ^{Day}	Age <i>23</i> ^{Years}	<i>2</i> ^{Months}	<i>4</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Mo</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>laborer</i>		
Name of Wife or Husband					
Father's Name <i>Chas. Miller</i>			Father's Birthplace		
Mother's Maiden Name <i>Charity Nutt</i>			Mother's Birthplace <i>Mo</i>		
Name of person giving information <i>Chas. Miller</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Angina Pectoris</i>	<i>80</i>	How long <i>5 days</i>
Immediate <i>Suffocation</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John R. Batson</i>
		Address <i>Spencerville Mo</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Cabin John

Town

Montg' County

MARYLAND

Date

of death 190

2

Month

11

Day

7

Age

Years

X

Months

9

Days

X

Sex

Male

Color or
Race

White

Birth-
place

Montg' Co. Md.

Married, Single
or Widowed

Single

Occupation

X

Name of Wife or
Husband

X

Father's
Name

X S. Morgal

Father's
Birthplace

Pa.

Mother's
Maiden Name

Carrie T. Simpson

Mother's
Birthplace

Md.

Name of person giving
Information

" " "

How related
to deceased

mother

CAUSES OF DEATH

Primary

Pneumonia

93

How long

5 days

Immediate

"

Are the name, age, sex, color, date
and place correctly given above?

Yes.

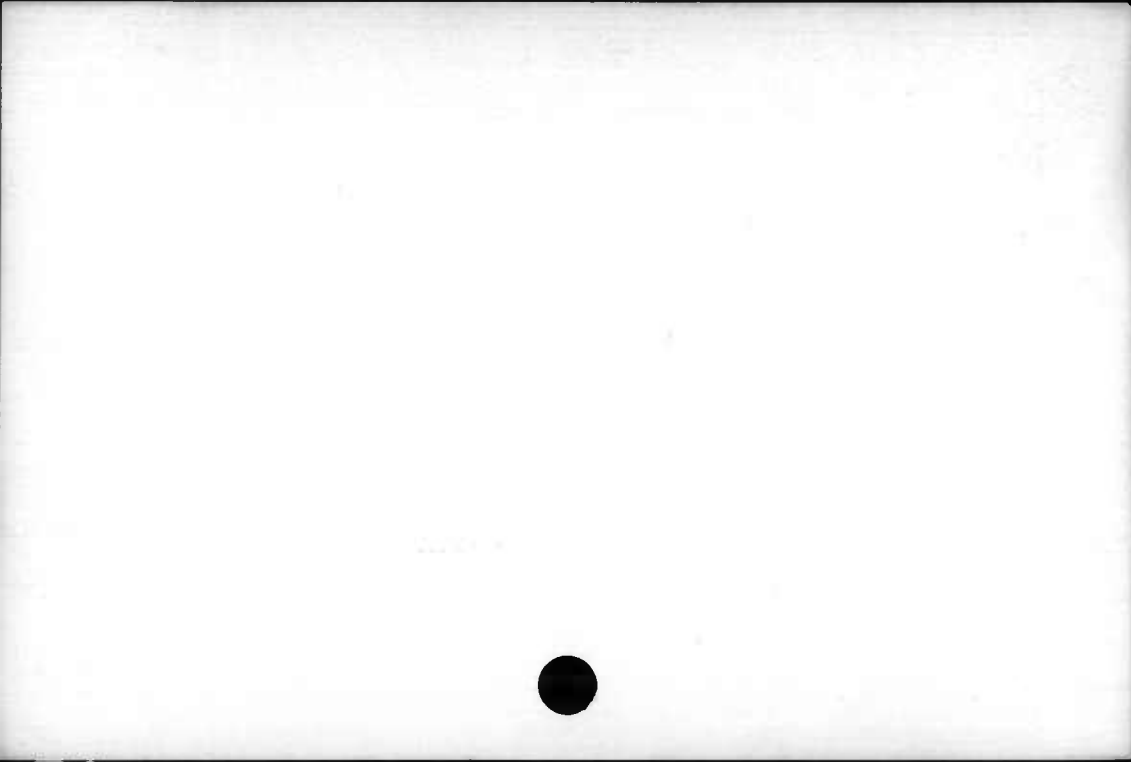
Signature of
Physician

Address

W. J. Pratt M.D.
Potomac Md.

Accident or Suicide?

X



Name
in
Full

CERTIFICATE OF DEATH

Bridget Murphy
Cabin John Montg.

MARYLAND

Died at
Date of death 1902 11 15
Age 65
Months X
Days X

Sex Female
Color or Race White
Birth-place Ireland

Married, Single or Widowed Widowed
Occupation Housewife

Name of ~~Wife~~
Husband

Father's Name X
Father's Birthplace X

Mother's Maiden Name X
Mother's Birthplace X

Name of person giving information John J. Fields
How related to deceased Grandson

CAUSES OF DEATH

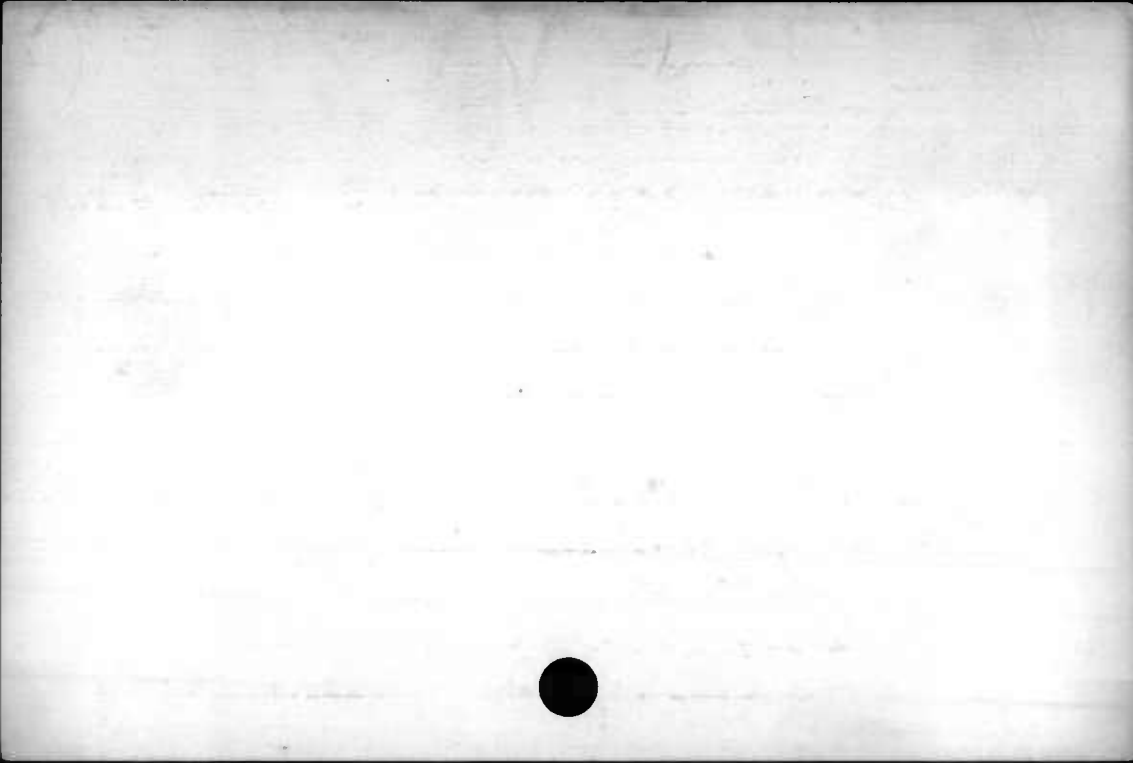
Primary Old age.
How long 65 years

Immediate General debility
How long One

Are the name, age, sex, color, date and place correctly given above?
Signature of Physician H. J. Peatman

Yes
Address Potomac Md

Accident or Suicide?



Name in Full *George F Nesbitt, Jr.*
 Died at *Brookville* Town *Montgomery* County *MARYLAND*
 Date *1902* Month *11* Day *13* Age *34-3-27* Y. M. D. *Nash. Y.* Native of *Cashier Bank* Occupation
~~Female~~ Male ~~Colored~~ White ~~Single~~ Married ~~Widow~~ ~~Divorced~~
 Number of children living *2*

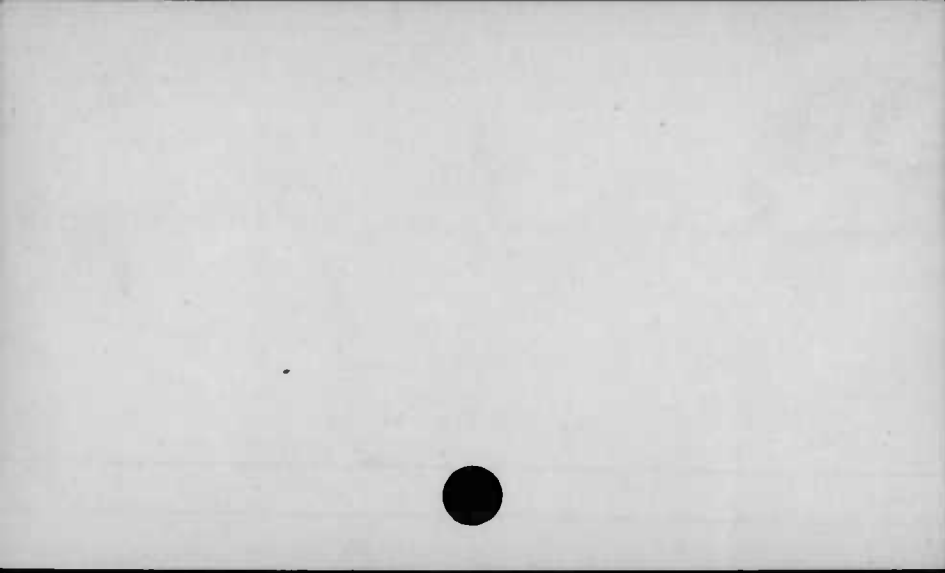
Husband of *Anna L Thomas*
 Wife of *George F. Nesbitt*
 Father's Name *George F. Nesbitt* Mother's Name *Louisa Nesbitt*

Cause of Death { Primary *Tuberculosis* How long sick *2 1/2 years*
 { Immediate *asthenia* *27* ~~Accident. Suicide. Homicide~~

Reported by *Roger Burke*

Address *Sandy Spring Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Maud Anne Aubrey

Town

County

Died at

Marlbury Montgo

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 Nov. 17

Age

27

md

servant

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

none

Husband

of Earnest Aubrey

Wife

Father's

Name

Jos. Busby

Mother's

Maiden Name

Cause of

Primary

Consumption

How long sick

2 years

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. S. Pooler

Address

Poolerville

md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



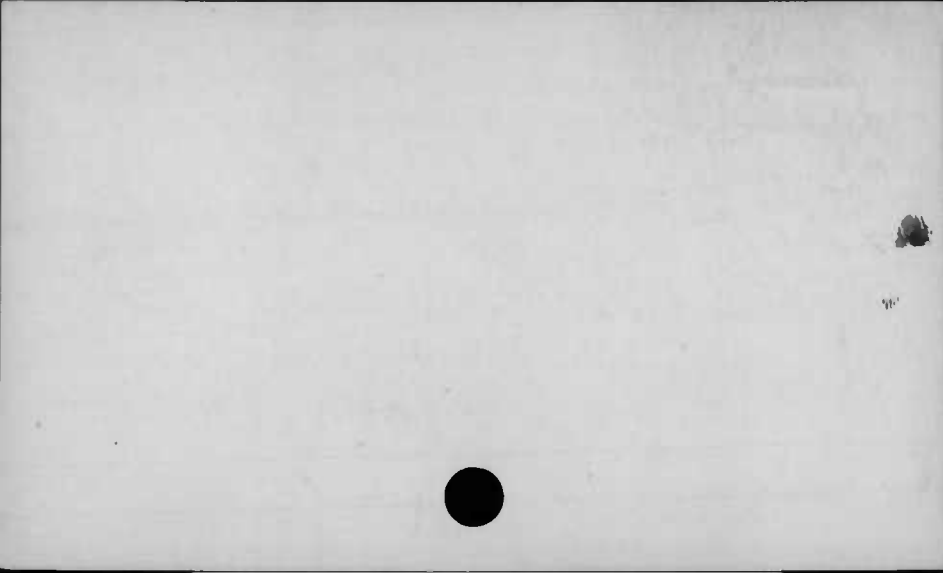
Name in Full *Emma Penn*
 Town *Oakdale* County *Montgomery* MARYLAND
 Died at *Oakdale* Month *11* Day *5* Y. *61* M. *-* D. *-* Native of *Maryland* Occupation
 Date *1902*
 Sex *Male* Race *White* Marital Status *Widow* Divorced
 Female *Colored* Single *Widower* Number of children living

Husband of *William Penn*
 Wife
 Father's Name *Nathan Shaw* Mother's Name *Achia Farrell Shaw*

Cause of Death { Primary *Melancholia* How long sick
 Immediate *suicide sticking knife* Accident, Suicide, Homicide

Reported by *Roger Brooke* 155
 Address *Sandy Spring Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Powell

Died ^{Town} near Sandy Spring ^{County} Montgomery MARYLAND

Date 1902 Nov. 1 Y. M. D. Age - 7 - Nat. of Md. Occupation —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name Remus Biddle Mother's Name Bertha Powell

Cause of Death { Primary Fracture from fall How long sick About week.

Immediate 166 Accident, Suicide, Homicide

Reported by Chas. Forquhar M.D.

Address [Redacted] Olney, Md. X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Marshall H Prather

Died at *Laytonsville* ^{Town} *Montgomery* ^{County} MARYLAND

Date 1902 *Nov 10* Month Day Y. M. D. Age *2* *7* Native of *Ind* Occupation *—*

Male ~~White~~ ~~Married~~ Widow ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living *—*

Husband of

Wife

Father's Name *Howard H Prather* Mother's Maiden Name *Rose Isabella Lancaster*

Cause of Death { Primary *Pneumonia* Immediate *Convulsion* 93

How long sick *4 days*
 Accident, Suicida, Homicide

Reported by

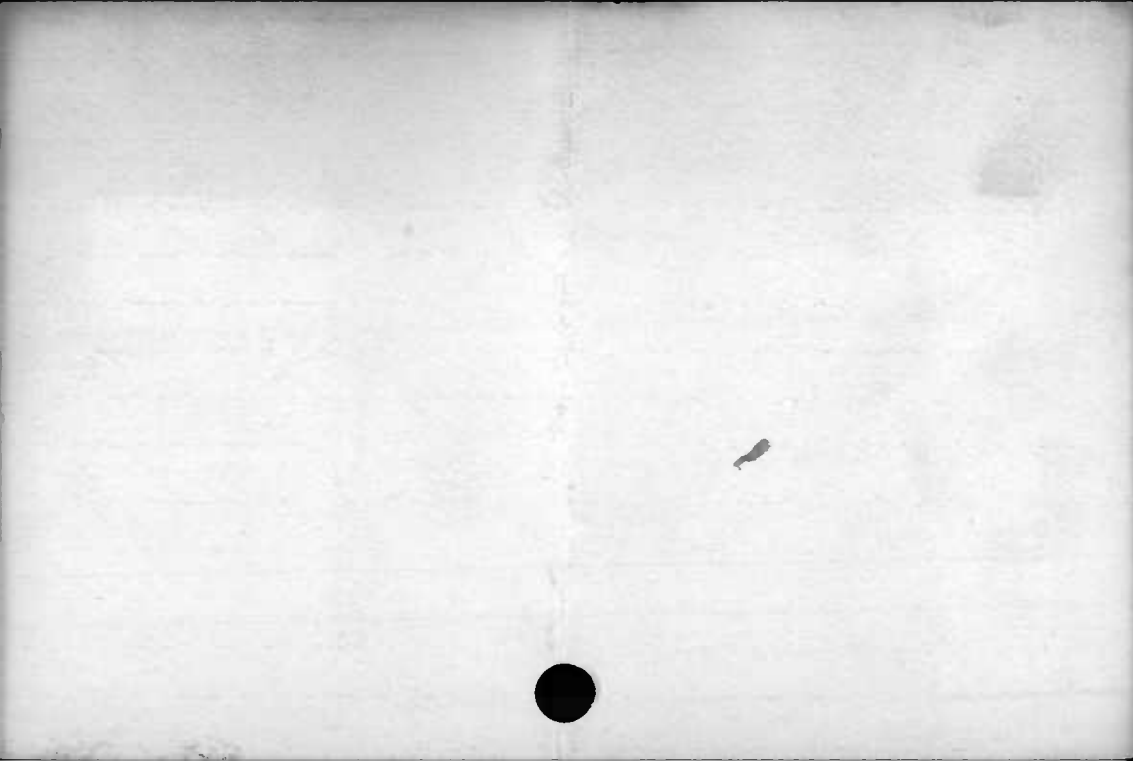
Address

V H Dyson
Laytonsville *Montgomery Co*

Must be signed by physician, if any in attendance, otherwise by coroner, undertakar or minister.



Name in Full		<i>Henrietta Spriggs</i>				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town <i>Burnt Mills</i>	County <i>Montgomery</i>	MARYLAND		
		Date of death 190 <i>2</i>		Month <i>Nov</i>	Day <i>1</i>	Years <i>98</i>	Months <i>0</i>	Days <i>0</i>
		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Md.</i>		
		Married, Single or Widowed <i>Widow</i>			Occupation <i>Laborer</i>			
		Name of Wife or Husband						
		Father's Name <i>Unknown</i>				154		Father's Birthplace
		Mother's Maiden Name <i>"</i>						Mother's Birthplace
		Name of person giving information <i>Lewis A. Butler</i>				How related to deceased <i>None</i>		
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER		Primary <i>Heart, paralysis</i>				How long <i>About 2 hrs.</i>		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>H. F. Brown</i>		
						Address <i>Burnt Mills Md.</i>		
		Accident or Suicide?						



Christiana Straus

Town

County

Died at

Washington, D. C.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

Nov. 29th

Age 56

Ind.

None

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

None

Husband
of

Wife

Father's

Mother's

Name

unknown

Maiden Name

unknown

Cause of

Primary

Gastro Enteria

How long sick

1 month

Death

Immediate

Accident, Suicide, Homicide

Reported by

R. M. Perry Co.

Undertaker

Address

30 - A - st. N.E.

Washington, D. C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at *Williams* Town *Edward's Ferry* County *Montgomery* MARYLAND
 Month *Nov* Day *28* Y. *12* M. *Nov* D. *28* Native of *Ind* Occupation

Date 19 *12* *Nov* *28* Age *Still born* *Ind*
 Male *White* Married *Widow* Divorced *Widow*
 Female *Colored* Single *Widow* Number of children living

Husband of
 Wife

Father's Name *William J. Williams* Mother's Maiden Name *Jessie Elizabeth Williams*
 Cause of Death

Primary *Still born* How long sick
 Immediate *Still born* Accident, Suicide, Homicide

Reported by *B. N. Walling*

Address *Boherville Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

